

## Key Stakeholder Groups in Long-term Care Reform

At a meeting on May 15, 2006, key personnel from social services, the aging unit, unified board, public health, and Melissa Gilbert generated a list of key stakeholders in the long-term care reform process. They also identified each groups' self interest in the process, what they would need to know from the regional consortium, and what the consortium needs to know from each group in order to facilitate effective communication and planning for long-term care reform in west central Wisconsin. In addition, some additional information on potential methods to reach these was added.

### I. **County Board Supervisors and relevant standing committees** (Social Services, Unified Board, Commission on Aging, Board of Health)

A. Role – key local policymakers.

B. Self Interest –

- Cost of changes.
- Impact on Levy.
- Impact on constituents.

C. What information do they need?

- Introduction/background information on long-term care reform.
- What is purpose of effort?
- Who is served?
- Effect on employees.
- Regular contact and updates.
- Concept of regionalization/crossing county lines.
- Risk/governance issues.
- Financial analysis.

D. What information/assistance does the planning group need from these stakeholders?

- Their questions, concerns, and cooperation.
- Patience.
- Their analysis of the effect of levy limits on the planning process.
- How their financial responsibilities may impact the planning process.
- Options for governance, organization, etc.

E. Potential methods of involvement and communication.

- Regular reports to relevant committees.
- Handouts to the board and committees.
- Supervisors might choose to serve on sub-committees.
- Web page.

## II. **Local Long-term Care Councils** (Trempealeau, Jackson, La Crosse)

- A. Role – varies with council. Represent consumers, their families, providers, and county board. Also charged with strategic planning function and grievances/quality control where relevant.
- B. Self Interest –
  - Ensuring quality services are provided.
  - Ensuring that services are available.
  - Ensuring that services are accessible to those in need who qualify.
- C. What information do they need?
  - Existing network and availability.
  - Process of appeals, grievances, quality control.
  - Changing role of the councils as managed care expands.
- D. What information/assistance does the planning group need from these stakeholders?
  - Support.
  - Input on key questions the planning group is addressing.
  - Role as partners who can share information with the key stakeholder groups they represent.
  - Identification of gaps in services.
  - Potential areas for change/improvement in service delivery.
- E. Potential methods of involvement and communication.
  - Presentations at council meetings.
  - Dialogue regarding key questions (a la focus groups)
  - Serve on sub-committees?
  - Provide leadership in reaching out to the groups they represent.
  - Web page.

## III. **Providers** (Supportive Services including, but not limited to, Nursing Homes, clinics, Hospitals, Hospice, Home Care Agencies, Contract Agencies, Adaptive Equipment, Pharmacies, Medical Supplies, Transportation, Service providers for the developmentally disabled, Housing, UVC (United Volunteer Caregivers), and Western Dairyland.

- A. Role – varies with provider. They are the businesses (for profit and not-for-profit) that deliver services to long-term care
- B. Self Interest
  - The financial impact of the reform on their business.
  - The impact on employees.
  - The impact on business procedures.
- C. What information do they need?
  - Service needs of clients and potential clients.

- Impact on business and procedures.
- How and when they will get paid.
- Who will determine providers and CMO clients.
- What is their role in achieving outcomes for clients.

D. What information/assistance does the planning group need from these stakeholders?

- Existing capacity.
- Costs.
- Current geographic coverage.
- Issues they face in serving clients.
- Payment and contracting procedures – what works? What needs to change?
- Quality assurance/standards.

E. Potential methods of involvement and communication.

- Focus groups.
- Surveys.
- “Newsletter”
- Web page.
- Serve on sub-committees.

### III. **Consumers, their families, and caregivers.**

A. Role – These are the people at the heart of the reform. They are the individuals who need appropriate services to support themselves, families, and caregivers in a way that allows them to reach their desired outcomes.

B. Self Interest –

- Service availability.
- Access.
- Sufficient networks.
- Processes to ensure quality (grievances, etc.)

C. What information do they need?

- Background information on long-term care reform.
- Eligibility for programs.
- Information on how things will change.
- Open communication/assurance.
- Effective input on designing changes.
- Training on outcomes and understanding “choice.”
- Provider network/access (later in the planning process)

D. What information/assistance does the planning group need from these stakeholders?

- Input – what is working? What needs to change?
- Access and location – how do you access the most critical services?

- Their vision for the long-term care system.
  - Gaps in services.
  - Unneeded/unwanted services.
- E. Potential methods of involvement and communication.
- News releases.
  - Programs on public access TV stations.
  - Advisory groups.
  - Community presentations/town hall meetings.
  - Presentations at existing events.
  - Focus groups.
  - Key informant surveys.
  - Surveys.
  - Serve on sub-committees.

#### IV. **AFSCME (Labor Unions)**

- A. Role – These are the current county government employees who oversee and implement existing long-term care programs.
- B. Self Interest –
- Job security.
  - Benefits.
  - Retirement.
  - Work load.
  - Location of employment.
  - Seniority.
  - Changes in job responsibilities.
- C. What information do they need?
- How job duties and processes will change/evolve.
  - Answers to their questions regarding their county employment (see self interest).
  - Background information on long-term care reform.
  - Reassurance.
  - Opportunity for meaningful input.
  - Open communication.
- D. What information/assistance does the planning group need from these stakeholders?
- Open communication regarding concerns and ideas.
  - Understanding.
  - Cooperation.
  - Thoughtful feedback on client relationships, employment issues, quality improvement, training, etc.
- E. Potential methods of involvement and communication.

- Staff meetings.
- Focus groups.
- Key informant surveys.
- Serve on sub-committees.
- Minutes of planning meetings.
- DHFS LTC listserve.

V. **Legal System** – this includes the judges, corporation counsels, guardian ad litem, etc.

A. Role – varies with position. They issue court orders, provide counsel on rights and responsibilities, oversee the legal needs of consumers, etc.

B. Self Interest –

- Number of lawsuits (avoided or begun)
- Workload.
- Contract review and development.
- Impact on clients.

C. What information do they need?

- Legal resources on long-term care issues.
- Background information on the evolution of long-term care reform.
- Changes in local legal procedures.

D. What information/assistance does the planning group need from these stakeholders?

- Cooperation.
- Explanation of their current processes and procedures.
- Help in educating local officials and clients.
- Help in employee issues.
- Resource in contract development issues.

E. Potential methods of involvement and communication.

- Key informant interviews.

LTCC – LEO's, clients, providers

County Board – Policy makers

Independent Committees – SS Board, Commission on Aging, Unified Board, Board of Health, Aging Advisory Council, Personnel/Bargaining

Consumers/Families, Caregivers, etc.

- Wheels, Support Groups (DD, Elderly, PD, MH/AODA)

### Legal Services

- Judge, Corporation Counsel, Guardian AL

### Employee

- AFSCME – Unions
- SS, Courthouse
- Send suggestions to Melissa regarding common venues for messages
  - Alliance for Mental Health (Kathy ???)

### We know

### We need to know

What do we want?

LTCC –

Self-introduction – quality services, access

What need to know?

- Service network & availability
- Appeals, grievances, quality control
- Changing role

What do we want?

- Support, input, “outreachers”, liaisons can take a lead/craft a message

### Providers

- Self interest – effect on business (??? or loss), impact on employees, business procedures

Need to know -

- Service needs
- Impact on business & procedures
- How they’ll get paid
- Who determines providers/CMO clients?
- Outcomes

What do we want?

- Capacity
- Costs
- Geographic coverage
- Issues in serving clients
- Committee methods
- Payment procedures (what works)
- Quality assurance/standards

AFSCME

- Self interest – job security, benefits, location, impact on responsibilities, seniority

What they need -

- Job duties
- Answer above questions
- Background information
- Reassurance
- Opportunity for input
- Open communication

What we want –

- Open communication
- Understanding
- Cooperation
- Thoughtful feedback (employees/clients, QI/OC)

Consumers, Etal

S1 – Service availability  
Quality, networks, grievances, access, cost

What they need –

- Eligibility
- Background
- How will things change
- Communication/assurance
- Input
- Outcomes training
- What “choice” means
- Provider networks/access (at end)

What do we need –

- Input – what works/what needs to be changed
- Access/location – how do you access what's important
- Vision for services
- Gaps/unneeded services

Legal –

S1 – lawsuits, workload, contracts, impact on clients

What they need –

- Legal resources
- Background
- Changes in local procedures

What we need –

- Cooperation
- Understanding of their process
- Help in educating LEO's
- Help in employee issues
- Contract issues - resource